



Shanghai American School
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Learning Intervention Plan

Student Name Jasmin Lee **Classroom Teacher and Grade** 10

Parents Notified: Q1 Progress report (grade&comment), Q1 Report card (grade & comment), Parent-Teacher Conference

Concern(s): Jasmin is currently failing Advanced Precalculus, with failing grades on the first 3 unit tests. These grades, as well as the fast pace of the class make extra help a necessity, at least through the Semester 1 exam.

Goal (Desired Skill): Jasmin will seek extra help outside of class time in a variety of ways, both to work on current topics and to improve her understanding of past topics.

Intervention Log:

Dates (start/end)	Intervention	Pre Assessment	Post Assessment	Outcome	Recommendation
<u>Nov 9/Dec 18</u>	<u>Work with Mr. Chao at least once a week after school (current topics)</u>	_____	_____	<input type="checkbox"/> Successful – goals met <input type="checkbox"/> Less progress than expected <input type="checkbox"/> No progress	<input type="checkbox"/> Intervention no longer needed <input type="checkbox"/> Continue intervention <input type="checkbox"/> Try new intervention
<u>Nov 9/Dec 18</u>	<u>Work with Peer Tutor (Hyun Ji Yee) at least once a week (current topics)</u>	_____	_____	<input type="checkbox"/> Successful – goals met <input type="checkbox"/> Less progress than expected <input type="checkbox"/> No progress	<input type="checkbox"/> Intervention no longer needed <input type="checkbox"/> Continue intervention <input type="checkbox"/> Try new intervention
<u>Nov 9/Dec 18</u>	<u>Work with outside tutor at least once a week (past topics), with Mr. Chao to supply suggested materials</u>	_____	_____	<input type="checkbox"/> Successful – goals met <input type="checkbox"/> Less progress than expected <input type="checkbox"/> No progress	<input type="checkbox"/> Intervention no longer needed <input type="checkbox"/> Continue intervention <input type="checkbox"/> Try new intervention

Notes:

Teacher signature _____ Student signature _____ Parent signature _____

Date: _____ Date: _____ Date: _____